Guiding Principles for Community Based Psychosocial Support for ACT Alliance Programmes

**PRINCIPLE 1:** Promote the basic rights and dignity of women, men, girls and boys, without discrimination, to overall wellbeing, avoiding unnecessary distress, fear, and pain (e.g. physical, emotional and spiritual)

**PRINCIPLE 2:** Include social and psychological considerations in all ACT work sectors (e.g. water and sanitation, livelihoods, shelter, health and security)

**PRINCIPLE 3:** Build on community-self help strategies, promoting community ownership and control over resources using participatory processes of engagement and decision-making

**PRINCIPLE 4:** Promote the return to the optimal functioning of affected communities and individuals through their involvement in social activities and gatherings within local structures such as schools, community centres, churches, mosques, and local organisations

**PRINCIPLE 5:** Recognise and encourage the community's belief in its own capacity to make change and to protect their overall wellbeing by building on their own resources

**PRINCIPLE 6:** Promote positive communal healing practices, emphasising family and community support structures to address individual and collective needs

**PRINCIPLE 7:** Address people's spiritual needs to maintain good mental health and a feeling of belonging or connectedness

**PRINCIPLE 8:** Enhance a community’s resilience and hope for long term recovery and sustainability by nurturing their capacity for growth

Useful links and contact:

ACT Psychosocial Website: http://psychosocial.actalliance.org


CoS contact: cbps@churcofsweden.org
The ACT Alliance Guiding Principles on Community Based Psychosocial Support (see opposite page) was approved by the ACT executive committee in 2011 as policy guidance for all ACT Alliance member programmes. The Community Based Psychosocial Support (cbps) guidelines were developed by the ACT Psychosocial Community of Practice – a group of ACT members working within the field of psychosocial support.

As the chair of ACT Psychosocial Community of Practice, Church of Sweden (CoS) has taken on a special commitment to promote cbps within ACT, and to support other ACT members to integrate cbps in their programmes.

CoS also represents the ACT Alliance as a whole in international psychosocial forums, such as the global reference group for Mental Health and Psychosocial Support (mhpss) in emergencies.

**PsychoSocial Community of Practice:** The Psychosocial Community of Practice is open to all ACT members with a thematic interest in psychosocial support. The aim is to be a dynamic group by sharing and promoting best practices that are in line with the ACT Guiding Principles on Community Based Psychosocial Support.

**Organisational Capacity Building:** Together with selected strategic partners in ACT, CoS develops methods for integrating cbps into organisations in a more sustained way. Our aim is to create longevity of cbps best practices within ACT. We are always open to discuss new strategic partnerships.

**Training:** CoS organises global and regional training and advertise these within the ACT network. ACT members are welcome to contact CoS with requests for specific training.

**Deployments:** CoS has an international Psychosocial Roster with humanitarian experts. We offer short-term deployments to support ACT members’ humanitarian programmes and to build staff capacity. We are usually able to cover the majority of costs related to this. Deployments generally fall into these categories:

- **Early emergency phase deployments:**
  We offer deployments to ACT members immediately after an emergency/at release of ACT alerts and can support with rapid assessments and writing of appeals.

- **Deployments to ACT members with appeal funding from CoS:**
  We are eager to secure the quality of appeals that we are supporting financially. Upon allocating funding to an appeal with psychosocial components, we will discuss with partner what type of deployment is needed to support this.

- **Deployments to ACT humanitarian programmes:**
  All ACT members are welcome to approach CoS with requests for cbps support. Requests will be analysed on a case by case basis to determine what type of support we can offer.

**Resources:** CoS funds and chairs the ACT Alliance Psychosocial Community of Practice. The site contains a wealth of resources on cbps and is open to everyone. CoS also has a physical and digital library. In our physical library we store the IASC MHPSS guidelines and field checklists, as well as our own cbps training manual and other resources. ACT members are welcome to contact us with requests.

**Desk Support:** CoS is a major funder of ACT appeals and as the ACT lead within cbps, CoS assess all ACT appeals from a cbps perspective. CoS offers desk-based support on cbps in regards to appeal writing, implementation and reporting.

**What do we not offer?**

**Staff and HR Resources:** Our psychosocial roster members are deployed short-term to build capacity of existing staff. Roster members do not cover existing staff positions or vacancies.

**Psychosocial Support to Staff:** We are currently not in a position to offer individual/group psychosocial support or therapeutic interventions to staff. The main focus of CoS is support on psychosocial programming – design and implementation of activities. We may, however, assist in setting up routines and identifying local services for staff care and support systems after a critical incident.

**Our Team**

CoS Humanitarian Team includes staff with competency in cbps, that can assist with general advice and support related to appeals. CoS Psychosocial Advisors hold distinguished expertise in cbps and are available to provide in-depth thematic support.

**ACT Alliance cbps principles are based on the belief that most people will have their psychosocial wellbeing restored after a humanitarian crisis if they are given control and information over issues that affects them, a chance to participate and give something back to their community, and are treated with dignity and respect. In this lies that all humanitarian sectors can contribute to psychosocial wellbeing.**